Application Data Sheet

Application Information

Application number::

Filing Date:: 10/21/03
Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: An Internet Protocol Based 911 System

Attorney Docket Number:: CLEG:1000

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Monica

Middle Name:: Rose

Family Name:: Cleghorn

Name Suffix::

City of Residence:: Plano

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 7436 Breckenridge Drive

City of mailing address:: Plano

State or Province of mailing address:: TX

Country of mailing address:: US

Postal or Zip Code of mailing address:: 75025

Correspondence Customer Number :: 34725 Name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Phone number:: Fax Number:

Correspondence Information

E-Mail address::

Representative Information		
Representative Customer Number::	34725	

-OR-

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information			
Application ::	Continuity Type::	Parent	Parent
This Application	Non-Provisional of	Application:: 60/441,632	Filing Date:: 1/21/03
This Application	Non-Frovisional of	00/441,032	1/21/03
Foreign Priority Information			
Country::	Application number::	Filing Date::	Priority
			Claimed::
		*	
Assignee Information			
Assignee name::			
Street of mailing address::			-
City of mailing address::			
State or Province of mailing addre	ess::		
Country of mailing address::			
Postal or Zip Code of mailing add	ress::		